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ABSTRACT

This paper is a discussion of the assessment instruments available for identification of young children with behavioral disorders. Behavioral disorders are defined and the problems encountered in the identification of such disorders among preschool aged children are discussed. A selection of assessment instruments including nine different developmental inventories, eight formal tests, and eight rating scales are examined. The use of both formal and informal observation and structured and unstructured interview techniques are presented. This paper concludes with a discussion of current practices in the utilization of assessment instruments in East-Central Iowa and recommendations for future utilization. Copies of the observation checklist and preschool parent interview forms used at Jane Boyd Community House, Cedar Rapids, Iowa, are appended. (Author/PN)

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ASSESSMENT INSTRUMENTS FOR IDENTIFICATION OF YOUNG CHILDREN WITH BEHAVIORAL DISABILITIES

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ABSTRACT

This paper is a discussion of the assessment instruments available for identification of young children with behavioral disorders. The author begins by defining behavioral disorders and discussing the problems encountered in their identification among preschool aged children.

She then discusses a selection of assessment instruments including nine different developmental inventories, eight formal tests, and eight rating scales. She then proceeds to discuss use of both formal and informal observation and structured and unstructured interview techniques.

The paper concludes with a discussion of current practices in the utilization of assessment instruments in East-Central Iowa and the author's recommendations for future utilization. Copies of the observation checklist and preschool parent interview forms used at Jane Boyd Community House, Cedar Rapids, Iowa, are appended.

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Chapter 1

DEFINING LEARNING DISABILITIES

The purpose of this paper is examination of assessment instruments available for use in identification of children with behavioral disabilities. To establish paramaters of this paper, we must define behavioral disabilities by inclusion or by exclusion:

> Behavioral disabilities are defined as a variety of excessive, chronic, deviant behaviors ranging from impulsive and aggressive to depressive and withdrawl acts (1) which violate the perceiver's expectations of appropriateness, and (2) which the perceiver wishes to see stopped (Graubard:1973:246).

In school the perceiver would be the teacher or other school personnel and this person is the one who decides whether the behavior is severe enough to classify the child as behaviorally or emotionally disordered.

Kaufmann (1977:23) proposes another definition that includes levels of diordered behavior:

> Children with behavior disorders are those who chronically and markedly respond to their environment in socially unacceptaable and/or personally unsatisfying ways but who can be taught more socially acceptable and personally gratifying behavior. Children with mild and moderate behavior disorders can be taught effectively with their normal peers (if their teachers receive appropriate consultative help) or in special resource or self-contained classes with reasonable hope of quick re-integration with their normal peers. Children with severe and profound disorders require intensive and prolonged intervention and must be taught at home or in special classes, special schools, or residential institutions.

The definition used for behavioral disorders has gone through many changes and is still being revised. Iowa's position is:

> Behavioral disorders are patterns of situationally inappropriate behavior, observed in the school setting if the pupil is of school age, which deviate substantially from behavior appropriate to one's age and significantly interfere with the learning process, interpersonal relationships, or personal adjustment of the pupil (Iowa:1983:1).

According to the Iowa definiton there are four points to consider in looking at behavior: 1) behaviors that are inappropriate for the setting and age of the student, 2) behaviors that significantly interfere with learning, 3) behaviors that interfere with forming relationships and 4) behaviors that interfere with personal adjustment. All may be labeled behavioral disorders depending on severity. Severity is established by considering frequency, intensity and duration of the behavior. The Iowa behavioral disabilities definition, Draft II, Part Three, states that relevant documentation of this is required. It goes on in Part Four to specify data that must be collected when identifying a student as behaviorally disordered (Iowa:1983:3-4). This is a fairly complete working definition for behavioral disorders but there are still problems. "There are no tests that measure personality, adjustment, anxiety or other relevant psychological constructs precisely enough to provide a sound basis for definition of emotionally

disturbed (Kaufman:1977:15). If there are no precise tests, we can still collect data using checklists, but we must keep this problem in mind. It is difficult to assess internal states which cannot be observed.

Definition of behavioral disabilities is a complex problem but it is essential that we have some type of conceptual framework. Iowa's definition gives a working framework and specifies who receives intervention.

Some assessment tools are also needed to determine who can best be served by an intervention program. There are no precise tests but this paper describes various tests, checklists and evaluation techniques that may be helpful in assessing for behavioral disorders.

Chapter 2

THE IMPORTANCE OF EARLY CHILDHOOD ASSESSMENT

However one feels about screening instruments, the demand for valid and reliable measures for use with young children has grown tremendously over the past twenty-five years (Anttonen:1980:1). In 1959 and again in 1965 only one test is listed under Preschool in Buros' Mental Measurements Yearbook. In 1972 nine are listed and by 1978 there is a separate section for Preschool and Early Childhood tests. Teachers of young children are clearly looking for practical instruments for evaluating young children.

An Annotated Bibliography of Practical Tests for Young Children by Judith Anttonen (1980) lists and describes 109 tests that can be used for children aged two through six. The listing covers specific tests as well as developmental inventories designed to be administered by the classroom teacher. The author describes the tests by type, price, age range, and administration time. It is a helpful compendium for the preschool teacher.

Reynolds, in "Should We Screen Preschoolers?" (1979) describes some of the arguments for and against screening young children. He states that often early learning difficulties are seen as primarily emotional disturbances

and preschool screening provides for early detection of these problems. This may also allow for remediation before the child begins first grade. For the most part, Reynolds and others believe that early identification of developmental lags through screening is important for remediation purposes but caution against labeling children at an early age.

> Some nursery staff may feel that any systematic assessment in terms of the skills and concepts acquired during the preschool years would be both unnecessary and undesirable. Such a view would see the process of appraisal as an intrusion into the time devoted to play and a potential hindrance to the child's learning performance. Certainly such a criticism might be valid if the means used to assess the child's abilities were over-formal and inflexible. However, a case may be argued for systematic record keeping in the nursery if the procedures and interpretations of the assessment are in accord with the general nursery ethos (Tyler & Foy:1979:22).

Tyler and Foy go on to discuss benefits of record keeping. Class records are often kept to keep track of activities that have taken place and may be a useful guide but individual records can provide valuable detailed information on each child. The individual record may be either narrative or checklist format.

Most of the screening instruments appear to have been developed at least partially through Title I funds or similar grants. This is due to legislation mandating programs for handicapped children in PL 94-142. Because of this legislation, there have been an array of testing

instruments developed in the past few years. Examining the literature one finds that many of these inventories are quite similar but some are more comprehensive and evaluate more developmental areas.

Most screening instruments seem to be best at identifying special needs in speech, language, gross motor coordination and mathematics. Many screening tools do not even attempt to evaluate social or self-help skills. These areas are often omitted since the instruments are not usually administered in the classroom. If an inventory is to be used by the preschool teacher to evaluate each child and to plan activities according to need, then it is important to choose an instrument which evaluates the child in all developmental areas.

Chapter 3

ASSESSMENTS:DEVELOPMENTAL INVENTORIES

Developmental inventories are the most common assessment tools. This type of inventory usually assesses basic cognitive, physical, social and self-help skills of the child using guidelines from observations of groups of children at various ages. The developmental inventory assists the teacher in determining areas where the child may be experiencing a developmental lag. It can also be used to develop a curriculum to be used in the classroom esperially in working with children who may have handicaps.

Alpern-Boll Developmental Profile

The Alpern-Boll asseses a child's development from birth to preadolescence, providing reliable screening in each of the following areas; physical age, self-help, social, academic and communication. For each area a Mental Age equivalency is given an an I.Q. can be obtained.

The Alpern-Boll is a quick screening device but since the test items are quite limited for each area tested, it may not give an accurate picture of the child's ability. I especially question the I.Q. that can be obtained. It may be useful in indicating large gaps in development.

Brigance Diagnostic Inventory of Early Development

This is an assessment tool to determine the developmental performance of the young child. It identifies areas of strengths and weaknesses and can be used for both diagnostic and instructional purposes. There are ninety-eight skills tested in each of the following areas: psychomotor, self-help, speech and language, general knowledge and comprehension, and early academic skills. The Inventory is normative referenced and evaluates children from birth through age six. It is too comprehensive to be used in its entirety and the evaluator needs to consider the reasons for assessment before determining which sections to use. The manual is set up so the evaluator can easily turn to the area to be assessed and it includes specific recommendations for using the Inventory effectively. The Inventory allows the evaluator to zero in on the specific area to be assessed. There is also a comprehensive bibliography if the evaluator is interested in finding more resources to use.

There are also some limitations. The Inventory is too lengthy to get an overall assessment of the child in one session. The format is fairly easy to follow but it is quite lengthy and would take the evaluator quite a while to familiarize him/herself with the Inventory. The scoring sheet cannot be followed without the manual and the manual is expensive at $49.95.

Comprehensive Identification Process (CIP)

This is a screening tool for preschoolers. Its main purpose is to identify children who are eligible for special programs for young handicapped children. Children are screened by paraprofessionals and then professionals review ratings to determine the next step. Eight developmental areas are screened: (1)cognitive-verbal, (2)fine motor, (3)gross motor, (4)speech and expressive language, (5)hearing, (6)vision, (7)socio-affective behavior, and (8)medical history. The medical history is obtained from the parents. Self-help is not included because the author believes that children who are delayed in self-help will also have delays in one or more of the other areas included.

The administrator's manual outlines the screening process, how to locate children, how to organize a screening team and how to set up a screening site. The manual also describes the development of this instrument and gives support data for this screening. There is a teacher's manual describing the test items as well as test forms and record folders to use for each child. The total cost is $59.95.

CIP is a process of locating, screening and evaluating preschool children. All of this is carefully described in the administrator's manual. The manual describing the test items is clear and concise. Parent input

is a strong part of the assessment.

There are some disadvantages. It takes a good deal of time to become familiar with all the components and about forty-five minutes to administer. Since it may be administered by paraprofessionals the lack of objective criteria on which scoring may be based is a problem (Burros:1978:565). It is set up as a screening tool but cannot effectively be used to plan a developmental program for children.

Learning Accomplishment Profile (LAP)

The LAP is used to evaluate the child from 36 months to seventy-two months of age. This instrument provides a systematic assessment of the child's skills in seven areas, These are: Gross Motor, Fine Motor, Pre-Writing, Cognitive, Language, Self-Help and Personal/Social. The LAP includes 379 items. It can be used to diagnose needs and to set up an educational program for each child. The test takes a little over an hour to administer but some of it can be done through classroom observations; especially the Motor, Self-Help, and Social skills. The assessment tool has a manual which describes the test items in detail and costs $4.50.

In addition to the LAP there is a LAP-D Screening Edition and a LAP-D Diagnostic Edition. The Screening Edition is a 15 minute screening instrument for children

entering kindergarten. It comes in a kit which contains materials for two evaluators to administer the screen to 50 children and costs $79.00. The LAP-D Diagnostic Edition can be used to assess growth of children from infant to six year old age level. It tests development in Fine Motor, Gross Motor, Cognitive, Language, and Self-Help skill areas. The test can be administered in less than an hour. The LAP Assessment identifies learning objectives for each child and measures each child's individual progress. The Diagnostic Edition can be administered by a para-professional or professional.

The Learning Accomplishment Profile is quite lengthy and difficult to administer in one or two sessions. The LAP-D Diagnostic Edition is a little shorter than the LAP to administer,but it would also difficult to administer in one session. The LAP-D kit is also quite expensive for the average preschool to purchase at $79.00.

Marshalltown Behavioral Developmental Profile

The Marshalltown Project was begun in 1972 and was funded by a grant from Title VI. It was developed to evaluate handicapped and culturally deprived children from birth to age 6. Items are based on "normal" child development. It is an approach which enables the teacher and/or parent to see the child's strengths and weaknesses

and plan accordingly. There are three prescriptive manuals to be used in conjunction with the developmental profile if desired.

The Marshalltown Profile was revised and standardized in 1982. The main emphasis is still on prescriptive teaching and individualized instruction. The first edition had variable numbers of items at each age level, but the revised edition has an equal number of items at each age level. This allows equal weighting of item content across age groups.

The Marshalltown Behavioral Developmental Profile-revised has 216 items with 72 items per scale. It can be used for both diagnostic and instructional purposes. It is an instrument that can be used to identify children with handicapping conditions in the motor, cognitive and/or socialization area of development. It can also be used with children in planning instructional programs. It should not be used to determine a child's readiness for public school and the authors state that the relationship of it's scores to school performance is unknown. The manual at $4.00 is inexpensive.

McCarthy Screening Test

A screening instrument:

> ...should measure abilities that are critical in achieving school success, including those that

> lie in the psychomotor as well as the cognitive domain....The device should help schools to identify learning disaabled children as well as children having other kinds of problems (McCarthy:1978).

This screening instrument enables the tester to determine if the child is developing satisfactorily or if he seems to have some problems and/or needs further evaluation. It is designed for children age four to six and a half and takes 20 minutes to administer. Children who perform poorly on the McCarthy Screening Test are "at risk" and need further assessment by qualified personnel.

"Children who do poorly on the McCarthy Screening Test may suffer from learning disabilities, emotional problems, behavior disorders, sensory deficits, physical impairments or other handicapping conditions that should be investigated. There are six tests selected on the basis of content, level of difficulty, time required for administration and ease of scoring. The tests are Language and Concepts, Visual Perception, Auditory Memory, Fine and Gross Motor Coordination and Orientation in Space.

The McCarthy Screening Test may be given and scored by teachers and paraprofessionals. It is not to be used for making diagnostic judgements or decisions.

Minnesota Preschool Scale

This is a standardized instrument that can be used from six months to six and a half years. It can be used for

preliminary identification of the child whose development is below expectations for his age and sex and for developmental screening of groups of children.

The inventory has four parts: Intellectual Functioning, Behavioral Observations, Preacademic Readiness Assessment and Parent Report of Language skills. An important part of the screening was found to be parents input (Colligan:1982).

Screening programs should include parental information and many assessment tools do not allow for this. It can be an easy way to provide information about the potential difficulty a child may have in school.

Portage Checklist

The Portage Guide to Early Education is designed for children from birth to age five. It was written to help plan educational programs for handicapped as well as children who are functioning normally. It has two parts, a checklist of behaviors and a card file containing curriculum ideas. The materials were developed and utilized with children who had a variety of handicapping conditions.

Usually the child's parent served as the teacher and goals were written cooperatively with the teacher and the parent using the checklist. The card file breaks down the tasks to be performed on the checklist into several

sequences to make it more appropriate for the child's needs. The Checklist assesses five areas Cognition, Self-Help, Motor Skills, Language, and Socialization Skills.

There is also a manual which discusses behavioral objectives and explains how to write them in behavioral terms. It has a good section on implementation of curriculum goals. The checklist can be completed by a parent or teacher in half an hour.

There are some limitations. The Checklist may not be detailed enough for some situations. The Checklist is valid from birth until about four years-six months. The older four year old and five year old in most preschool classes would need an evaluation that goes further in testing skills.

Santa Clara Inventory of Developmental Tasks

There are two main components to this inventory: An Observation Guide which gives guidelines for assessing children's developmental skills and an Instructional Activities Manual which has learning activities for each developmental test. It was developed as a Title I project and has been used since 1967. Materials provided are the two guides, spirit masters for developmental tasks and record sheets on which to record each child's progress.

There are 60 tasks included in the Inventory and

authors say these were chosen because they represent milestones in children's development. Tasks are arranged by chronological age and skill area. The profile is sequenced into four levels of difficulty: tasks for Preschool age, five through five and a half, six through six and a half, and seven years of age. The eight skill areas included are Motor Coordination, Visual Motor, Visual Perception, Visual Memory, Auditory Perception, Auditory Memory, Language Development and Conceptual Development.

The Observation Guide lists all the developmental tasks and describes what rates a pass. There are three scores possible for each item: 0-Almost Never, 1-Some Of The Time, 2-Most Of The Time. It is helpful to have this intermediate alternative in rating each child. Both Guides are clearly set up for easy use by the classroom teacher. This Inventory is obviously designed for the most effective use by the techer.

There are some limitations. The eight developmental areas are quite limited in the number of tasks listed. This may not give an accurate picture of the child's skills. It would also be difficult to use this inventory for planning a developmental program because of the limited numer of tasks. There is no inventory for social or self-help skills, and this area is very important in determining behavioral disabilities.

Chapter 4

ASSESSMENTS: FORMAL TESTS

Formal tests are usually utilized by school psychologists, counselors and other support personnel. Classroom teachers do not usually utilize these tests, but they should be familiar with them and be able to interpret test results.

Some of the more common formal tests are described in this paper. The test to be used should be selected based on the age and ability of the child. Some tests can be utilized with non-verbal children and others are designed to use with physically handicapped. The testor must match the test to the person who is to be evaluated.

Baley Scales of Infant Development

This test measures mental and motor development of children between the ages of one month and thirty-five months. A Mental Development Index can be obtained for infants and a mental age score can be obtained for older children whose development is retarded and abilities are estimated to be less than thirty months (Roberts, 1980).

The mental scale includes both performance tasks and verbal items for older children. The verbal items usually call for labeling objects and single word answers. the

mental scale items also include the infant's responsiveness to both stimulation and to other people.

The motor scale asesses the child's ability to control his/her body in space and includes observations of play activities and body movement.

This assessment tool is especially helpful for evaluating older autistic children who are retarded in development. According to Roberts (1980), the Baley scores compare closely with other test scores if used with children between the ages of three and a half and eleven years who are retarded in development below thirty months.

Cattell Infant Intelligence Scale

The Cattell is a downward extension of the Stanford Binet. One of it's advantages is that it can be used from two months of age through adulthood. It has several disadvantages, however. Cattell test scores on young children do not correlate well with later IQ scores especially with autistic persons. At the lower end the test assesses primarily motor development. Verbal items that do appear do not assess abstract reasoning skills until almost age five. Autistic children may thus score in the normal range at four and retarded age at six (Freeman & Ritvo, 1978).

Leiter International Performance Scale

This is primarily a nonverbal test of intelligence and is used to evaluate sensory, motor, hearing, or speaking deficits. It includes 54 items and can be used from age two through adulthood. It is especially useful for autistic persons with severe language deficits as all instructions are given in pantomine rather than verbally.

It consists of performance tasks such as selecting blocks bearing correct symbols, matching colors and shapes and performing certain motor skills. It places heavy emphasis on perceptual organization.

Merrill-Palmer Preschool Performance Test

The Merrill-Palmer covers the mental age range of twenty-four to sixty-three months. Most of the items are assessment of gross and fine motor skills. It uses such items as peg boards, blocks, and puzzles. The test does have some verbal items but many of these include memory skills such as repeating words.

> The Merrill-Palmer Preschool Performance Test is particularly useful with persons whose overall mental age is between 18 and 72 months. Many Autistic persons tend to show variability on test items. The Merrill-Palmer can accurately assess these wide ranges of functioning. It yields a nonverbal index of cognitive functioning. Autistic persons typically score 10 to 15 points higher on this test than on more verbal tests because visual-spatial relationship skills rather than abstract-verbal concepts are emphasized. This test also

identifies the presence of "splinter skills" and thus is particularly useful in planning developmentally-based educational programs (Freeman & Ritvo, 1976).

McCarthy Scales of Children's Abilities

This assessment tool consists of six scales: Verbal, Perceptual-Performance, Quantitative, General Cognitive, Memory, and Motor in eighteen separate tests. It is appropriate for children from ages two and a half through eight and a half. According to the author it should be quite useful for assessing skills of handicapped children with slight modification (Mc Carthy:1972:27).

The test directions are moderately clear and the entire test takes about 45 to 50 minutes for preschool children. It will take a little longer for older children who are functioning at a higher mental age or for children with some handicaps.

Stanford-Binet Intelligence Scale

The Standford-Binet is a widely used intelligence test which evaluates overall intelligence from about age two and a half through adulthood. It does correlate highly with later academic success in both normal and autistic persons. It has a very heavy emphasis on verbal skills and may not measure spatial and motor skills adequately. For persons with severe communication deficits, the Merrill-Palmer

should also be used to obtain a more complete assessment of intelligence (Freeman & Ritvo:1978:19).

Wechsler Intelligence Scale for Children (WISC-R)

The WISC-R consists of twelve subtests and Verbal and Performance IQ scores can be obtained as well as a full Scale IQ. It seems to be the most widely used IQ Test. Since verbal and performance abilities are assessed separately it is especially helpful in testing handicapped children.

Two subtests assess social judgment and would be useful for assessing discrepencies between cognitive and social skills which is characteristic of many behaviorally disturbed children. For children with IQ's below 50, however, it will be necessary to use another test.

Wechsler Pre-School Primary Scale of Intelligence (WIPPSI)

The WIPPSI systematically assesses the skills of four through six year olds or persons with this mental age. There are both verbal and performance tests which are intermixed to make it easier to maintain the young child's attention and cooperation. There are eleven tests including Information, Vocabularly, Arithmetic, Similarities, Comprehension, Picture Completion, Mazes and Block Design, Sentences, Animal House, and Geometric Design.

The complex verbal directions of this test may present a problem for the severely retarted child. In this case it may be necessary to use the Cattell or the Merrill-Palmer.

AUTHOR'S COMMENTS

As stated before, the test(s) to be used should be appropriate for the child's age and capabilities. Another thing to consider in testing is to find one or two good tests that will determine areas of need so children do not have to spend excessive amounts of time being evaluated. The purpose of a test should be to assess needs. Once these strengths and weaknesses are determined an educational program can be planned.

Chapter 5

ASSESSMENT:RATING SCALES

Rating scales are difficult to develop and to use. They are not as concrete as formal tests which tend to assess specific skills. It is easier to assess a childs' vocabulary or math skills than to determine social or behavioral skills. Items on behavior rating scales are necessarily more subjective than objective. As a result there may be more of a discrepancy between two evaluators using the same tool on the same child with a behavior rating scale.

Nevertheless, keeping these difficulties in mind, behavior rating scales can be helpful in determining children who have sever behavioral difficulties so they can be referred to be further evaluated. These scales can pinpoint areas where the child may have the most difficulties to enable the teacher to plan appropriate intervention to alleviate some of these problems.

Teachers should be familiar with some of these scales as they can be helpful in determining which children may be at risk emotionally. They can also assist the teacher in developing his/her classroom curriculum. Listed below are a few of the rating scales used to determine emotional disabilities.

A Process For In-School Screening of Children With Emotional Handicaps

This is designed to use as part of a screening process. It gives a measure of the emotional climate of the class. It is to be used for screeing and not for classification. Three reference points are used: 1) the perception of the child by the teacher, 2) the perception of the child by his/her peers and 3) the perception of the child by him/her self.

In part one, the teacher rates all students in the class on eight behaviors in relation to other pupils in the class. In the second area, rating is based on a class play. The student chooses parts for himself and peers. Pictures are also used to depict positive and negative behaviors. The child rates himself and classmates. In the third area, self rating, two questions are asked. First, would you want to be this person? (For example, "This person owns a house." or "This person hits smaller children."). The second question is Are you like this person?

Utilization of these three reference points is intended to allow the teacher to obtain a measure of the child's feeling of self-worth. They may also point out children with emotional problems.

AAMD Adaptive Behavior Scale

The same form is used for children and adults. It is a behavior rating scale for mentally retarded, emotionally maladjusted and developmentally disabled individuals. It assumes that I.Q. score does not provide information on how a person meets the social expectations of his/her environment.

Part one is concerned with developmental skills in ten areas: Independent Functioning, Physical Development, economic Activity, Language Development, Numbers and Time, Domestic Activity, Vocational Activity, Self-Direction, Responsibility and Socialization. Part two is designed to measure maladaptive behavior. This section consists of fourteen domains. In part one, The sections on Self-Direction, Responsibility and Socialization appear most appropriate for detecting children with behavioral disabilities.

Behavior Problem Checklist (BPC)

An analytically derived three point rating scale for 55 relatively frequently occuring problem behavior traits in children and adolescents. The traits are easily observable items for parents or teachers. Four types of problems are examined: 1) conduct Problems (unsocialized agression, psychopathy) - 17 scale items; 2) personality problems

(neurotic, disturbed) - 14 scale items; 3) inadequacy-immaturity - 8 scale items; and 4) socialized delinquency (subcultural delinquency) - 6 scale items.

Means and standard deviations are presented in the manual based on studies by the author. A limitation however would appear to be that data on a random sample of the normal child population is not available.

California Preschool Social Competency Scale

This instrument was designed for use in evaluating the social competence of children aged 30 months to 66 months. Norms are based upon teacher ratings of children who are attending preschool.

The items require observations of active performance rather than inferences about presumed abilities or capacities (Levine:1969:4). All items are stated in behavioral terms. It does not need to be a special test situation and it isn't necessary for a psychologist to administer. The rater must have ample opportunities to observe the child and the child is rated on his typical performance.

This scale can be useful in comparing social competence of a child with children of the same age, sex and socioeconomic status since the author provides appropriate charts with norms. It can also be helpful in screening for

deviant behavirs and in measuring effectiveness of different intervention programs for young children.

Devereux Elementary School Behavior Rating Scale

This checklist is designed for elementary teachers to better enable them to describe behavior problems of children in their class. Teachers of preschool age children could use this scale to obtain some information as long as the items used are appropriate for the age of the child being observed.

Teachers are instructed to rate the child based on their own experience with the child not in inference or comments from others. 47 behaviors are measured. There are 11 behavior factors rated: 1) classroom disturbance, 2) impatience, 3) disrespect-defiance, 4) external blame, 5) achievement anxiety, 6) external reliance, 7) comprehension, 8) inattentive-withdrawn, 9) irrelevant responsiveness, 10) creative initative, and 11) need for closeness to teacher.

The instrument focuses directly on the child's behavior. The information is used to 1) identify environmental factors that elicit, cue or reinforce the target behavior, 2) identify what environmental factors can be manipulated to alter the child's behavior and 3) assess whether treatment manipulations did affect the child's behavior.

Behaviors selected for assessment must be clearly defined and the observers need to be trained to look for specific behaviors. The instrument must be limited in use to a specific time period and, to assess the reliability of oservations, two persons must observe and record behavior during the same time interval.

A brief observational encounter with a child in his ntural environment will not yield a valid measure. It may give some information about the child's behavior, adult's behavior or the environment in general. It can sometimes be used to validate teacher ratings.

Preschool Attainment Record

This is a more intensive and extensive inventory of secific attainments than the Vineland Social Maturity Scale (discussed below). It ha not been normatively standardized. The teacher can compare child with child and child with self. It would be desireable to correlate the Vineland gross data with the Preschool Attainment Record. The Preschool Attainment Record combines an assessment of physical, social and intellectual functions in global appraisal of the child. It uses both interview and observations. The aim is to provide an assessment for children of preschool years with or without various types of handicaps - including social-cultural.

Preschool Self-Concept Test (PS-CPT)

This instrument was developed to provide the preschool teacher with an easily administered and interpreted test to assess the attitudes children have toward themselves. It is recommended that it be administered at the beginning of the school year. It is designed to help the teacher to: 1) become aware of attitudes the child has about himself, 2) compare overt behavior of the child with his answers on the PS-CPT, 3) provide experiences which will enhance the child's self-concept and 4) evaluate curriculum in relation to the needs of the child.

The instrument takes about 15 minutes to administer. Each child is examined individually. They are asked two questions: 1) "Which boy (or girl) are you? This one or that one?", 2) "Which boy (girl) would you like to be?". Question one deals with the child's self-concept and question two with his ideal self-concept. After giving the test the examiner should compare answers on questions one and two and see if self-concept is the same as ideal self-concept. The examiner can determine the amount of satisfaction and dissatisfaction the child has within himself.

One observes the child to see if he behaves consistently with stated feelings about himself. The

greater the variation between self and ideal self-concept. The degree of congruence for children who have poor self-concept is 30% or less.

Vineland Social Maturity Scale

This instrument was developed over a 20 year period in the Training School at Vineland, New Jersey. It is based upon the premise that the ultimate goal is social competence and that we need more than just intelligence and educational attainment testing. The authors stress that it is not just a rating scale. "Adequate use of the scale requires sophisticated skill in interview technique and thorough insight as to the philosophy and technique of this instrument (Doll:1965:iii)."

The items in the scale are arranged in order of normal average life age progression. The items of the scale are to be scored on the basis obtained from someone intimately familiar with the person scored such as a mother or a father. The subject examined need not be present. A goal is to elicit detailed facts as to the specific limits of the subject.

The ideas presented here have since been developed more extensively in the Preschool Attainment Record. As stated above, correlation of these data (Vinland) with data from the Preschool Attainment Record might prove useful.

Chapter 6

ASSESSMENT:OBSERVATIONS

Direct observation is another way to gain information about a child's problems. This can provide precise objective data about behavior. In order to do this, the observed behavior must be described in behavioral terms. This will help to reduce teacher opinion and bias. Observations should also be carried on in a variety of environmental situations.

Formal Observations

Some observations are very structured and involve systematic observation and record keeping. Paul and Epachin (1982) describe several structured observation systems including the Coping Analysis Schedule for Educational Settings developed by Spaulding. The scale includes 13 categories in which observed behavior can be classified. These categories are then labeled appropriate, inappropriate and unacceptable. One limitation to this is it involves a trained observer to do this. Usually formal observations can be done more effectively by someone other than the classroom teacher.

After it has been determined that a child has behavioral problems then a strategy such as behavior

modification can be used to work on changing inappropriate behaviors. This also involves some type of structured record system to record the stimuli, the observed behavior and the consequences. The most important aspect of observation is that it is a continuous process.

Informal Observations

Informal observations can be carried on in the classroom, at recess, in the home and other environmental situations familiar to the child. Observation is an informal assessment that should be continuous. Observational data "...should reveal change and point out the child's strengths, weaknesses, and learning style" (Prosnitz:1980:23).

Teachers can make their own informal checklist of age appropriate behaviors for the classroom situation. An informal checklist is included in Appendix A. The child can be observed in relation to the other children in the class. Data should be collected over a period of time. Prosnitz (1980:23-24) gives an excellent list of fourteen social/adaptive behaviors to observe in the classroom or home. Teachers should keep some type of a log or notebook because informal observations can be quite useful.

Observations of parent-child interaction are usually possible when the parent brings the child and picks him up

after school. "Such observation of familial interaction is key method in the assessment of factors that interfere with a child's emotional and social development (Williams:1972: 24)." Williams describes various ways to assess a child's self-concept and sense of trust. One way to assess the child's sense of trust would be to use a balance beam. The teacher asks the child to walk across the balance beam and offers her support and assistance if needed. The response of the child is then noted. Williams describes several stages that describe the child's sense of trust or mistrust.

Another informal observation assessment would be using puppets with the child. How does a child respond if a puppet is placed in front of him? Does the child pick up the puppet and just twirl it around or begin to talk using it or fight and act angry? What emotional responses are observable both in actions and on the child's face? The teacher may engage the child in an interaction. How does the child respond to this?

Most teachers do use informal observations but they often do not record them. Observations can only be useful if the teacher keeps a record on a regular basis. This can be done by keeping a diary, a class log, or individual cards on each child. Observations can be very useful in determining if a child has an emotional disability if they are done on a continuous basis. This enables the teacher to

see if the child has persistent and consistent difficulties in certain areas.

Chapter 7

ASSESSMENTS: INTERVIEWS

This is another effective technique in assessing children to determine those who may have emotional/ behavioral difficulties. Interviews of children, parents, teachers and others who are with the child on a regular basis can be helpful. Formal and informal interviews can be useful in understanding the child and his environment. A sample interview form is included in Appendix B.

Structured Interviews

Another type of interview is a structured or formal interview. In this type of interview the guidelines and questions are predetermined. There are some formal interview forms available from the medical and educational orientation but in most situations it is probably more appropriate for the interviewer to determine appropriate guidelines and questions. It may be advantageous to survey some interview forms to find questions that would be most useful in gathering data about the child in relation to possible behavioral disabilities.

Formal interviews of teachers could be done in connection with behavior checklists. Teachers and/or parents could be asked to complete a checklist and the

interview could be based on these items.

Another interview form that could be used is the Life Space Survey (Heckelman:1972). This tool could be used in beginning an interview with parents of young children. With older children this form could be filled out by the child. The Life Space Survey can give an overall picture of the child in the home, school and community.

Unstructured Interviews

An unstructured interview is a way to learn or gather more information about the child. Parents, peers and teachers can be valuable resources. The interviewer who talks to the parent in the home$can gain a great deal from observing the parent-child interaction if the child is present. This type of interview can be effective if questions are asked which allow the parent to discuss any concerns, problems or activities concerning the child. Most parents are usually open and willing to talk about their child so it gives the interviewer a chance to learn the parent's perceptions of his/her child.

Either at the same time or a different time, the child can be interviewed informally. The preschool child may be more open when talking in his/her own environment with the parent present. Other important people in the child's life such as the caregiver, preschool teachers and

aides may be interviewed. Interviews of peers at the preschool age are probably not appropriate or helpful. Most teachers probably use some type of informal interview techniques with parents. The main consideration in using it with assessing is to be aware ahead of time what information you need. Then after the interview, be sure to make some notes so you can record this information on the child's records.

Interviews are valuable in obtaining background information about the child and his/her family, but they should not be the only basis in assessing a child's needs. They need to be used in conjunction with observations and a developmental inventory. Then if the teacher feels that there is further need for assessment, he/she can refer the child for more formal testing by school support personnel.

Chapter 8

UTILIZATION OF ASSESSMENT INSTRUMENTS IN EARLY CHILDHOOD EDUCATION

Assessment instruments are important for both "regular education" and "special education" teachers. Assessment should be part of the overall program and it should be continuous. Both formal and informal measures can be useful in assessing young children. Preschool teachers can play an important part in screening young children for Behavioral Disabilities.

Assessment-Current Practices in The Cedar Rapids Area

Current practices in assessment in the Cedar Rapids area are varied. As Secretary of the Cedar Rapids Association for The Education of Young Children, I have many opportunities to talk to teachers in the early childhood field. I also work closely with staff from Grant Wood Area Education Agency, Cedar Rapids Schools, and Head Start. In the non-private early childhood programs assessment tends to be more formal and specific developmental inventories are used. The private preschools tend to use teacher observation and informal checklists designed by the teacher or staff at the particular center.

Grant Wood Area Education Agency uses the Comprehensive Identification Profile to screen three year

olds in their seven county area. This screening is open to all children who will be three by September 15th. In other words it is offered to all children who have one more year before starting kindergarten. The idea seems to be that intervention can be initiated when disabilities are identified before the child starts school. Some of the disadvantages of this might be that not all three year olds are reached and there might also be younger children with severe disabilities who should be served. Also there is the possibility of identifying children who do not really have disabilities using the CIP and nonprofessionals to test. I think the advantages of screening and remediating with children who have special needs oughtweigh the disadvantages. Grant Wood Area Education Agency early childhood staff tend to use the Brigance Diagnostic Inventory of Early Development along with an I.Q. test and other specific tests as appropriate.

Head Start uses the Marshalltown Profile because they use the inventory to set up program and the materials provided with the Inventory for program and remediation. St. Wenceslaus Day Care (Linn County Day Care) uses the Learning Accomplishment Profile-D for assessment. The children are assessed and appropriate individual and group activities are planned according to assessment needs. If a child needs further assessment he/she is referred to Grant

Wood Area Education Agency.

At Jane Boyd Community House Preschool (A United Way Program) we were using our own developmental checklist but are changing to the Marshalltown Profile after careful study of the various assessment tools. The Marshalltown is clear, concise and relatively easy to use. It does take about 40 minutes to administer but much of this can be done by class observation. Also it assesses the child in the main developmental areas from birth to 72 months.

The preschool developmental classes (PDC) in the Cedar Rapids Community Schools make use of a wide variety of assessment instruments.

Utilization of Assessment Instruments:Recommendations

Much has been and is being done in the area of assessing young children but more can be done to help both children and teachers in this area. All early childhood staff need to be made aware of assessment techniques that can be utilized. They need to have opportunities to examine and discuss various inventories, behavior checklists and ways to use observations and interviews effectively. Most staff probably realize the need for assessment but need to be made aware of effective ways to assess young children that do not invclve too much time and/or specific training.

I recommend that use be made of the various agencies

in Cedar Rapids to assist teachers of young children. Iowa state licensing for early childnood centers requires all teachers to have at least six hours of in-service training a year. A workshop on assessment of young children could be planned utilizing staff from Grant Wood Area Education Agency or the Child Evaluation Clinic to discuss both formal and informal methods. Inventories and checklists could be made available at this workshop. Teachers could examine and discuss these to determine if one would be useful and suitable for their program. Assessment techniques available at Grant Wood Area Education Agencies or other agencies could also be discussed to remind or inform teachers of appropriate services.

Another useful workshop would be one presented by medical personnel to let teachers know what signs to look for in locating children with emotional or behavioral disabilities. Teachers can usually recognize the acting out child without any difficulty but may not be as aware of the poblems of the acting-in or withdrawn child. Workshops such as this could be set up through the Cedar Rapids Association for Education of Young Children or through Social Services since they license early childhood centers.

I plan to pursue this further and have already contacted Jim Bohr, the licensing person at Social Services and the President of the Cedar Rapids AEYC. Another way to

disburse information might be through newsletters put out by Social Services, Grant Wood Area Education Agency, or Cedar Rapids Association For The Education of Young Children. Different types of assessment tools could be described in monthly newsletters.

There now exist a broader range of assessment tools than ever before. These instruments allow the teacher to obtain a better understanding of the child and his needs. It is important that teachers be made aware of just what is available.

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Appendix A

INFORMAL SOCIAL AND EMOTIONAL BEHAVIORS CHECKLIST
USED AT JANE BOYD COMMUNITY HOUSE PRESCHOOL

Appendix A

INFORMAL SOCIAL AND EMOTIONAL BEHAVIORS CHECKLIST
USED AT JANE BOYD COMMUNITY HOUSE PRESCHOOL

Social and Emotional - Four and Five Year Olds

Helps adult with simple tasks
Enjoys playing with another child
Can wait for needs to be met
Understands "My"
Shares when told to but under protest
Accepts mothers absence
Capable of simple errand
Independence on walks
Will take turns
Shares play activities
Parallel play
Plays with 2-3 children
Shares property
Plays independently when asked
Performs for others
Contributes to conversation
Respects property rights
Cooperates in group play
Apologizes
Courteous without being told (please and thank you)
Responds to music
Completes task begun
Completes task begun and puts away or cleans up
Usually stays within limits set by teachers
Chooses own friends
Plays simple table games
Displays happiness and joy
Is able to work out discouragement
Display anger verbally
Displays aggression in an acceptable way (hammer & nails, punching bag)
Displays enthusiasm
Recognizes and expresses fear in self
Appropriate response to what goes on around him
Willingness to participate in messy activities

Appendix B

PARENT INTERVIEW FORM FOR JANE BOYD
COMMUNITY HOUSE PRESCHOOL

BACKGROUND INFORMATION

I Identification Information

CHILD'S NAME _____ NAME USED _____

BOY _____ GIRL _____ DATE OF BIRTH _____

MOTHER'S NAME _____ OCCUPATION _____

FATHER'S NAME _____ OCCUPATION _____

ADDRESS _____ HOME PHONE _____

BUSINESS PHONE _____

EMERGENCY PERSON TO CONTACT _____ PHONE _____

REGULAR BABY SITTER _____ PHONE _____

FAMILY DOCTOR _____ FAMILY DENTIST _____

HOSPITAL PREFERENCE _____

Have you observed any indication of: Sight Difficulties _____
Hearing Difficulties _____
Speech Difficulties _____

II Family History

Who lives with the child in the home?

	Name	Relation to child	Birthdate	Present Age
1.				
2.				
3.				
4.				
5.				
6.				

Are you married _____, un-married _____, Divorced _____, widowed _____, separated _____?

Is there anything special about your family you want us to know?

extended illness _____ handicap _____
mental retardation _____ emotional problems _____
foster or step-parents _____ other _____

Does your child have a pet?

III Physical Regime

What food does he/she like? _____ or

dislike _____?

Does he/she have an allergy of any kind?_____.

Is he/she receiving any medication and if so list reason_____

_____.

Is he/she a good sleeper?_____

What is his/her usual bedtime_____waking time_____?

Does he/she have accidents?_____

IV Social Development

What activities does your child particularly enjoy?_____

_____

What activities do you particularly enjoy doing with your child?_____

_____

What experience has the child had with other children (include description of type of play, ages of children, group experiences)_____

_____

_____

V Personality and Emotional Development

How would you describe your child's personality, level of activity, temperment?_____

_____

How does he/she react to anger or frustration?_____

_____

How do you comfort your child?_____

_____

Does your child have any particular fears?_____ If so, please describe

_____

_____

_____

BEST COPY AVAILABLE